UNITED STATES PAIEN & CONTROL OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2/14/02 2 Serial/Patent # 09/107,787					
3 Please refund the following fee(s):		4 PAP	PER IBER	5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
X	Extension of Time	15		1/4/02	\$ 400.00
7	Notice of Appeal/Appeal				\$
	Petition				\$
1;	Issue				\$
	Cert of Correction/Terminal Disc.				\$
*	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND \$			\$ 400.00
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		C	redit Dep	osit A/C #:
	Duplicate Payment		9 0	5 1	330
X	No Fee Due (Explanation):				<u></u>
Got orbital after the maximum extendable perior for uply					
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11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Paul Shanosk: TITLE: Petitions Attorney SIGNATURE: PAUL Shanosk: PHONE: 305-0011					

THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Olicia Killy DATE: 9-2/02					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B